

PRINTED: 03/04/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5801	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the Tennessee State Building Standards.</p> <p>The findings include:</p> <p>Observation of the laundry room on 2/28/11 at 11:00 AM, revealed the bottom of the dryers were full of lint. Tennessee Department of Health (TDOH) 1200-8-6-.08(2)</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.</p>	N 832	<p>N832 1200-8-6-08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>The dryers were immediately cleaned of lint.</p> <p>All residents have the potential to be affected by this cited practice.</p> <p>Laundry Supervisor/Designee will remove lint every 2 hours during operating hours and document on the Lint Filter Cleaning Log.</p> <p>Maintenance Director/Designee will review the Lint Filter Cleaning Log throughout the week and report findings to the Administrator.</p> <p>Maintenance Director/Designee will report results of the cleaning log to the Administrator. The Administrator will report findings to QA monthly x 2 months and needed thereafter.</p>	4/7/2011	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

Administrator

3/17/2011

8500

529P21

If continuation sheet 1 of 1